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#### 471-000-513 Nebraska Medicaid RN/LPN Fee Schedule

### \*Bill only for the number of units actually provided.

### **Private-Duty Nursing Services**

| Procedure | Description                                | Medicaid         | Units*     |
|-----------|--|------------------|------------|
| Code      |  | Allowable        |            |
| T1000 TD  | Brief RN service in private-duty nursing   | \$9.46/unit      | 15 minutes |
|           | setting (1-8 units)                        | (\$37.84/hour)** |            |
| T1000 TE  | Brief LPN service in private-duty nursing  | \$7.11/unit      | 15 minutes |
|           | setting (1-8 units)                        | (\$28.44/hour)** |            |
|           |  |                  |            |
| T1002     | Hourly RN service in private-duty nursing  | \$4.72/unit      | 15 minutes |
|           | setting                                    | (\$18.88/hour)** |            |
| T1003     | Hourly LPN service in private-duty nursing | \$3.53/unit      | 15 minutes |
|           | setting                                    | (\$14.12/hour)** |            |

<sup>\*\*</sup>Hour rates are approximate and may vary, based on rounding.

#### **Limitations:**

- \$243.98/day Daily payment limit on skilled nursing services for persons age 21 and older in a home health setting.
- \$669.59/day Daily payment limit on skilled nursing services for persons age 21 and older who are ventilator dependent in a home health setting.

## **Center-Based Adult Day Add-On Services**

| Procedure Code | Description                              | Medicaid<br>Allowable | Units* |
|----------------|--|-----------------------|--------|
| S5105 TD       | RN service in Adult Day Service center   |                       |        |
|                | setting**                                | \$11.71/unit          | 1 day  |
| S5105          | Aide service in Adult Day Service center |                       |        |
|                | setting**                                | \$7.30/unit           | 1 day  |

<sup>\*\*</sup>Bill only when service is not included in Adult Day Service per diem rate.

# Facility-Based Medical Day Care Services – Hour

| Procedure Code | Description   | Medicaid<br>Allowable | Units* |
|----------------|---|-----------------------|--------|
| T1024          | Coordinated, integrated and specialized care for children with multiple and severe disabilities in a facility-based setting             | \$24.99/unit          | 1 hour |
| T1024 TG       | Coordinated, integrated and specialized care for children with multiple and severe disabilities in a facility-based setting – high tech | \$28.23/unit          | 1 hour |

# Facility-Based Medical Day Care Services – Four-Hour Blocks

| Procedur e Code | Description   | Medicaid<br>Allowable | Units*       |
|-----------------|---|-----------------------|--------------|
| T1024           | Coordinated, integrated and specialized care for children with multiple and severe disabilities in a facility-based setting             | \$87.22/unit          | 4-hour block |
| T1024 TG        | Coordinated, integrated and specialized care for children with multiple and severe disabilities in a facility-based setting – high tech | \$102.90/unit         | 4-hour block |